

# PETITION TO STATE BOARD OF ASSESSMENT APPEALS

1313 Sherman Street, Room 315  
Denver, Colorado 80203

Phone: (303) 866-5880  
Fax: (303) 866-4485

For Office Use Only

Docket No. \_\_\_\_\_

Fee: Y N

Check/Credit Card # \_\_\_\_\_

P F H

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Subject Property: \_\_\_\_\_  
Street Address City

Schedule Number(s): \_\_\_\_\_  
Attach separate sheet if necessary

Appeals the decision of the \_\_\_\_\_  
County ☐ Board of Equalization  
☐ Board of Commissioners  
☐ State Property Tax Administrator

Dated: \_\_\_\_\_

This Appeal concerns: ☐ Valuation ☐ Refund/Abatement ☐ Exemption ☐ State Assessed Tax Year: \_\_\_\_\_

The subject property is currently classified as:

- |                                       |                                     |  |  |                                      |  |
|---------------------------------------|-------------------------------------|--|--|--------------------------------------|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Commercial | <input type="checkbox"/> Exempt              | <input type="checkbox"/> Industrial      | <input type="checkbox"/> Mixed Use   | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Oil & Gas    | <input type="checkbox"/> Personal   | <input type="checkbox"/> Possessory Interest | <input type="checkbox"/> Producing Mines | <input type="checkbox"/> Residential | <input type="checkbox"/> State Assessed    |
| <input type="checkbox"/> Vacant Land  |                                     |  |  |                                      |  |

Actual Value assigned to subject property: \_\_\_\_\_ Petitioner's estimate of value: \_\_\_\_\_

Estimated time for Petitioner to present the appeal: \_\_\_\_\_ minutes or \_\_\_\_\_ hours.  
Not less than 30 minutes. Board will allow equal time to County or Property Tax Administrator.

Appearance:

- |  |   |
|--|---|
| <input type="checkbox"/> Petitioner will be present at the hearing     | <input type="checkbox"/> Petitioner will appear by telephone    |
| <input type="checkbox"/> Petitioner will be represented by an agent    | Petitioner is responsible for calling the Board at 303-866-5880 |
| <input type="checkbox"/> Petitioner will be represented by an attorney | on the scheduled date and time of hearing (Mountain Time Zone)  |

Except as provided in §13-1-127 (2) and (2.5) C.R.S. 2000, a corporation must appear under the representation of a licensed attorney. See *BOP Industries v. State Board of Equalization*, 694 P.2d 337 (Colo. App. 1984).

Filing Fee:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> None     | Petitioner is appearing pro se (self-represented) and <b>has not</b> filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30). |
| <input type="checkbox"/> \$ 33.75 | Petitioner is appearing pro se (self-represented) and <b>has</b> filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30).     |
| <input type="checkbox"/> \$101.25 | Petitioner will be represented by an agent or by an attorney.   |

In the space below, please explain why you disagree with the value assigned to the subject property

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**Required attachments to this form:**

- ☐ Assessor's or Property Tax Administrator's Notice of Valuation or Notice of Denial
- ☐ Decision of County Board of Equalization, County Board of Commissioners or Property Tax Administrator

**Attachments required under certain circumstances:**

- ☐ A **notarized** Letter of Authorization **if** an agent will be representing Petitioner
- ☐ A list of names, last known addresses and telephone numbers of co-owners or parties directly interested in the subject property **if** applicable.

**Certificate of Service**

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to:

\_\_\_\_\_ County ☐ Board of Equalization  
☐ Board of Commissioners  
☐ State Property Tax Administrator

at the following address: \_\_\_\_\_

on \_\_\_\_\_  
Date

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to all co-owners or parties directly interested in the subject property

on \_\_\_\_\_  
Date

I hereby certify that **four (4)** true and correct copies of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed or hand delivered to the Board of Assessment Appeals at 1313 Sherman Street, Room

315, Denver, CO 80203 on \_\_\_\_\_  
Date

(One copy may be faxed to the Board but the original and two additional copies must be mailed or hand delivered.)

**Petitioner's Mailing Address is Required Even if Petitioner is Represented by An Agent or Attorney (per C.R.S. 39-8-109)**

\_\_\_\_\_  
Signature of Agent \_\_\_\_ or Attorney \_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Daytime number

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Attorney Reg. No.: \_\_\_\_\_

**It is the Petitioner's responsibility to notify the BAA of any change of address.**

Petitioners are strongly encouraged to read the Instructions and Rules of the Board of Assessment Appeals prior to completing this Petition Form. The Instructions and Rules are available on the Web at [www.dola.Colorado.gov/baa](http://www.dola.Colorado.gov/baa) or may be requested by phone at 303-866-5880.